

POSITION STATEMENT

BLACK HEALTH AND THE COVID-19 VACCINES



Black
Opportunity
Fund

MARCH 12, 2021

POSITION STATEMENT: BLACK HEALTH AND THE COVID-19 VACCINES

Executive Summary

This joint position statement from Black- Canadian health and Black-Canadian medical organizations highlights the issue of COVID-19 vaccine distrust within Black communities.

As demonstrated by a recent report by Statistics Canada, “Black people in particular have been far more likely to succumb to the virus than members of other groups.” Furthermore, according to a report by the Public Health Agency of Canada, “Vaccine Hesitancy is highest amongst the Black population” with only 34% of Black Canadians stating they would be willing to take the COVID-19 vaccine, in November 2020.

This distrust is primarily a result of systemic conditions that have also led to disproportionate negative impacts of the COVID-19 pandemic on Black communities. These disparities are rooted in systemic anti-Black policies, along with inequitable and inadequate public health and social policy responses.

As a result of anti-Black racism, our communities’ pleas to address the social determinants of health, collect race-based health data and improve health-care funding in racialized communities go largely ignored. The need for quick and appropriate public health response to this community health crisis is clear therefore **we call upon public health authorities, government, healthcare institutions, pharmaceutical companies to:**

- Develop plans that prioritize Black communities and neighbourhoods for vaccine distribution, testing sites, and other COVID-19 mitigation efforts.
- Implement effective social policies that will also improve outcomes. For example, (e.g., paid sick leave, better housing and enhanced worker protection). These are contributing factors that have put Black Canadians and other marginalized lower-income Canadians at increased risk of COVID-19.
- Allocate adequate resources to support community-led health promotion efforts including awareness campaigns, peer educator and health ambassador programs to support COVID-19 vaccine uptake within Black communities
- Partner with and resource community organizations from affected communities to support vaccine uptake
- Take swift and immediate steps to eliminate anti-Black racism in health and public health and address its impacts on health in Black communities
- Ensure governments and pharmaceutical companies are more proactive in building vaccine confidence and demonstrating the safety of the COVID-19 vaccine
- Ensure race-based data is collected in collaboration with Black communities to identify, address and evaluate best practices to meet Black population health needs
- Increase Black representation at decision-making tables, particularly on hospital and advisory boards
- Establish partnerships with Black health organizations to improve health outcomes.
- Ensure that policy- and decision-makers are firmly committed to rebuilding communities and populations that have been hardest hit by COVID-19.

A holistic community approach is crucial to building vaccine confidence and increasing vaccine uptake. Black populations will be best protected against COVID-19 through a combination of more equitable public health responses.

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SUMMARY

This joint position statement from Black health and Black medical organizations highlights the issue of COVID-19 vaccine distrust within Black communities. This distrust is a result of systemic conditions that have also led to disproportionate negative impacts of the COVID-19 pandemic on Black communities.

This statement examines the impact of COVID-19 on Black communities, the roots of vaccine distrust and how to build vaccine confidence. It recommends concrete solutions for improving health outcomes for Black populations and encourages Black Canadians to get the vaccine to protect themselves and their loved ones.

The intended audiences are health policy leaders, public health officials, health-care leaders and Black community health leaders.

COVID-19'S IMPACT ON RACIAL AND ETHNIC MINORITY GROUPS

The COVID-19 pandemic has had a disproportionate impact on racial and ethnic minority groups, due to long-standing systemic health and social inequities. As demonstrated by a recent report by Statistics Canada, "Black people in particular have been far more likely to succumb to the virus than members of other groups."¹ These inequities include but are not limited to a number of factors associated with systemic racism, including:

- Occupation (e.g., working in high-exposure environments as essential front-line workers)
- Increased risk of chronic illness
- Barriers to health-care access and utilization
- Education, income and wealth gaps
- Housing and living conditions

BLACK COMMUNITIES ARE AMONG THOSE HARDEST HIT BY COVID-19

As a result of the inequities referenced above, Black communities have been among those hardest hit by COVID-19. Although race-based data is not readily available across the country, where such data has been collected it has demonstrated a disproportionate burden on Black people, families and communities. For example:

- The case rates of COVID-19 are three times higher in Toronto's Black population than in its white population.²
- The rate of COVID-19 hospitalization is three times greater in Toronto's Black population than in its white population.²

¹ Tasker, JP. More racially diverse areas reported much higher numbers of COVID-19 deaths: StatsCan [Internet]. CBC.ca. 2021 Mar 11 [cited 11 March 2021]. Available from: <https://www.cbc.ca/news/politics/racial-minorities-covid-19-hard-hit-1.5943878>.

² City of Toronto. COVID-19: Status of cases in Toronto [Internet]. Toronto; City of Toronto; 2021. Ethno-racial group, income, & infection; 2020 Dec 31 [cited 2021 Mar 2]; [6th tab]. Available from: <https://www.toronto.ca/home/covid-19/covid-19-latest-city-of-toronto-news/covid-19-status-of-cases-in-toronto/>

- National surveys have shown higher rates of job loss and earning loss in the Black population during the pandemic³ and rates of food insecurity are rising.
- A recent study has shown a looming risk of evictions in Toronto’s Black population.⁴

These disparities are rooted in systemic anti-Black policies, along with inequitable and inadequate public health and social policy responses.

INADEQUATE PUBLIC HEALTH RESPONSE

According to a report by the Public Health Agency of Canada, “Vaccine Hesitancy highest amongst the Black population,” 34% of Black Canadians stated they would be willing to take the COVID-19 vaccine in November 2020.⁵ Disparities in COVID-19’s impact and the Black community’s distrust of the COVID-19 vaccine share the same root cause: anti-Black racism, which has resulted in a systemic inequity of power, resources and opportunities that discriminates against people of African descent.⁶ As a result of anti-Black racism, our communities’ cries to address the social determinants of health, collect race-based health data and improve health-care funding in racialized communities go largely ignored. A recent Wellesley Institute survey demonstrated the low levels of trust in public services by the Toronto Black community. This is likely a consequence of the fact that services have not been made accessible to them in an equitable fashion.⁷

An appropriate public health response must consider the issues referenced above, while employing an equity framework (e.g., the Health Equity Approach to COVID-19 proposed by the Public Health Agency of Canada⁸) or a racial equity impact analysis.⁹ This would enable affected communities to get the support they need to address prevention and the socioeconomic and medical consequences of COVID-19. Our recommendations for an appropriate public health response are detailed below.

³ African-Canadian Civic Engagement Council (CA). Impact of COVID-19: Black Canadian perspectives [Internet]. Toronto: African-Canadian Civic Engagement Council, Innovative Research Group; 2020 Sep [cited 2021 Mar 3]. 30 p. Available from: <https://innovativeresearch.ca/wp-content/uploads/2020/09/ACCEC01-Release-Deck.pdf>

⁴ Leon S, Iveniuk J. Forced out: evictions, race, and poverty in Toronto [Internet]. Toronto: Wellesley Institute; 2020 Aug [cited 2021 Mar 03]. 23 p. Available from: <https://www.wellesleyinstitute.com/wp-content/uploads/2020/08/Forced-Out-Evictions-Race-and-Poverty-in-Toronto-.pdf>

⁵ Public Health Agency of Canada. Building COVID-19 vaccine confidence in Canadians: local medical officers [unpublished report]. Virtual presentation given 2020 Dec 18.

⁶ Abdillahi I, Shaw A. Social determinants and inequities in health for Black Canadians: a Snapshot [Internet]. Public Health Agency of Canada; 2020 Sep [cited 2021 Mar 03]. 14 p. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/population-health/what-determines-health/social-determinants-inequities-black-canadians-snapshot/health-inequities-black-canadians.pdf>

⁷ Iveniuk J, Gunaseelan V. Race and social capital: examining trust and connection in Toronto [Internet]. Toronto: Wellesley Institute; 2021 Jan [cited 2021 Mar 03]. 11 p. Available from: <https://www.wellesleyinstitute.com/wp-content/uploads/2021/02/Race-and-Social-Capital.pdf>

⁸ Public Health Agency of Canada. From risk to resilience: an equity approach to COVID-19 [Internet]. Public Health Agency of Canada; 2020 Oct [cited 2021 Mar 03]. 86 p. Available from: <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html#about>

⁹ Keleher T. Racial equity impact assessment [Internet]. Race Forward: The Center for Racial Justice Innovation; 2009 p. 1-2. Available from: https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf

ROOTS OF VACCINE DISTRUST

Distrust of medical institutions is a response to the trauma of institutionalized and systemic violence and racism against the Black community. Generations of exclusion, marginalization, criminalization and discrimination have created an overall distrust of Canadian institutions of power, including the medical system. These lived experiences of underinvestment and systemic violence — combined with readily available misinformation — deepen distrust among Black communities in Western countries across the globe.^{10,11}

The Black Canadian experience is rife with health and social inequities. This is a legacy of anti-Black racism that is uniquely rooted in European colonization in Africa and the Caribbean, as well as slavery in North America, South America and the Caribbean. The United Nations has reported that “The cumulative impact of anti-Black racism and discrimination faced by African Canadians in the enjoyment of their rights to education, health, housing and employment, among other economic, social and cultural rights, has had serious consequences for their overall well-being.”¹²

It is critical that all levels of governments — including public health authorities and pharmaceutical companies — understand their obligation to build and increase trust in their institutions, particularly in Black communities that have been historically and systematically neglected when it comes to investing in social, community and health programs.

BUILDING VACCINE CONFIDENCE AND INCREASING UPTAKE

Black communities are using many channels to acknowledge concerns and rebuild trust, including virtual town halls, culturally adapted messaging in media and social media, community outreach initiatives and collaboration with mainstream government, health-care and research organizations.

A holistic community approach is needed to build vaccine confidence and increase vaccine uptake. Black populations will be best protected against COVID-19 through a combination of more equitable public health responses, such as:

- Partnering with the leadership from affected communities
- Providing adequate COVID-19 testing in neighbourhoods that are disproportionately affected
- Distributing adequate personal protective equipment for essential workers
- Combining vaccine availability with education and awareness campaigns, and

¹⁰ Bajaj S, Stanford F. Beyond Tuskegee - vaccine distrust and everyday racism. *N Engl J Med* [Internet]. 2021 Feb [cited 2021 March 03];384(5):e12. Available from: <https://www.nejm.org/doi/full/10.1056/NEJMp2035827> doi: 10.1056/NEJMp2035827

¹¹ Geddes L. Covid vaccine: 72% of black people unlikely to have jab, UK survey finds. *The Guardian* [Internet]. 2021 Jan 16 [cited 2021 March 03]. Available from: <https://www.theguardian.com/world/2021/jan/16/covid-vaccine-black-people-unlikely-covid-jab-uk>

¹² UN Human Rights Council. Report of the working group of experts on people of African descent on its mission to Canada [Internet]. United Nations General Assembly; 2017 Aug [cited 2021 Mar 03]. 20 p. Report no.: A/HRC/36/60/Add.1. Available from: <https://www.refworld.org/docid/59c3a5ff4.html>

- Implementing effective social policies (e.g., paid sick leave, better housing and enhanced worker protection) that has put Black and other lower-income Canadians at increased risk of COVID-19 could also improve outcomes

We strongly agree with the approach of the National Advisory Committee on Immunization,¹³ which has recommended that:

“Efforts should be made to increase access to immunization services to reduce health inequities without further stigmatization or discrimination, and to engage systemically marginalized populations and racialized populations in immunization program planning.”¹⁴

OUR MESSAGE TO BLACK COMMUNITIES

We know there is a strong desire for things to go back to normal — to return to school, social events and religious gatherings, or to reconnect with the vulnerable members of our society. To achieve this, we need an all-hands-on-deck approach, including physical distancing, wearing a mask, getting vaccinated and following other public health recommendations.

The rigorous safety measures required for the COVID-19 vaccines to reach the market give us confidence to recommend the use of these vaccines when they are available. See Appendix 1 for more information on the development and testing of these vaccines.

OUR RECOMMENDATIONS

Health-care and public health institutions should:

- Designate Black communities as a priority population for COVID-19 vaccinations, based on demographic data demonstrating that Black communities are disproportionately affected by the virus
- Combine vaccine prioritization with an appropriately targeted communication strategy, including community engagement.

¹³ The National Advisory Committee on Immunization is a national advisory committee of experts in the fields of pediatrics, infectious diseases, immunology, pharmacy, nursing, epidemiology, pharmacoeconomics, social science and public health. The Committee reports to the Vice-President of the Infectious Disease Prevention and Control Branch, and works with staff of the Centre for Immunization and Respiratory Infectious Diseases of the Public Health Agency of Canada to provide ongoing and timely medical, scientific and public health advice.

National Advisory Committee on Immunization (CA). National Advisory Committee on Immunization (NACI): membership and representation [Internet]. Canada.ca. 2021 Feb [cited 2021 Mar 03]. Available from: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/naci-membership-representation.html>

¹⁴ National Advisory Committee on Immunization (CA). Recommendations on the use of COVID-19 vaccines [Internet]. Canada.ca. 2021 Mar [cited 2021 Mar 03]. Available from: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>

Government, researchers and hospitals should demonstrate a sustained commitment to health equity for Black communities by:

- Ensuring race-based data is collected in collaboration with Black communities to identify, address and evaluate best practices to meet Black population health priorities
- Increasing Black representation at decision-making tables, particularly on hospital and advisory boards
- Establishing partnerships with Black health organizations
- Ensuring health leaders, clinical and public health staff and researchers receive cultural competency training in decolonization, anti-Black racism and its impacts on health in Black communities
- Ensuring governments and pharmaceutical companies are more proactive in building vaccine confidence and demonstrating the safety of the COVID-19 vaccine
- Ensuring that policy- and decision-makers are firmly committed to rebuilding communities and populations that have been hardest hit by COVID-19.

For Black communities, we recommend that:

- Black health-care providers strongly consider getting vaccinated
- Black health-care providers support communities to ensure there is representation at vaccine clinics, health committees and advocacy for Black community health issues
- Black Canadians consider getting the vaccine when it becomes available to protect themselves, their loved ones and their communities. Getting vaccinated will also help protect vulnerable members of the community who cannot receive the vaccine (e.g., young children and the immuno-compromised).

APPENDIX 1: VACCINATIONS APPROVED IN CANADA ARE RIGOROUSLY TESTED

We currently have no long-term studies to confirm the long-term effectiveness of the various COVID vaccines or their long-term effects.

However, the rigorous safety measures required to reach the market give us confidence to recommend the use of these vaccines when they do become available.

Black scientists around the world have been involved in the development of the COVID-19 mRNA vaccines. Dr. Kizzmekia Corbett, a Black virologist and immunologist, was a key developer of the Moderna mRNA COVID vaccine. Its development was also supported by the National Medical Association, a professional society of African American doctors and a respected authority on Black health in the United States. Many Black Canadian clinicians and scientists are at the forefront of the fight against COVID-19 and recommend COVID-19 vaccines for Black Canadians.

The development of these mRNA vaccines are a result of decades of research, which started shortly after SARS-1 in 2003-04. Research has been done on mRNA vaccines for cancers for many years. The stabilization of mRNA had been the limiting factor for the creation of vaccines. With the focus of research energy and funding during this pandemic, this obstacle was finally overcome with the development of a stable lipid envelope that allows the mRNA to reach its proper destination. It is important to note the mRNA does not affect our DNA. Also, once the mRNA has helped to trigger the process to generate an immune response, it breaks down and leaves the body. Similarly, non-mRNA vaccines do not alter someone's DNA.

The COVID-19 vaccines are going through the same phases of clinical research as all other vaccines. Phase I looks at whether the treatment is safe. Phase II involves more people and assesses whether the treatment works. Phase III assesses the best dose in a large, randomized trial with a more diverse population. The combined Phase III studies of the Pfizer and Moderna vaccines included about 10 per cent of people who identified as being Black or African American. Once vaccines have been administered to populations, a fourth phase of evaluation occurs. This is called the vaccine surveillance (post-marketing) phase, which allows for rare side-effects to be detected.

In addition to the mRNA vaccines, other types of vaccines have been developed and will likely be approved for use in Canada. These vaccines will have gone through the same phases of research and safety checks as the mRNA vaccines.

APPENDIX 2: ABOUT THE AUTHORS

This joint position statement was written by the following organizations.

The Black Health Alliance is a community-led charity working to improve the health and well-being of Black communities in Canada. The Black Health Alliance is focused on supporting COVID-19-related health promotion tailored to the unique needs, lived realities and cultural specificities of diverse Black communities. This includes COVID-19 prevention, testing, vaccination and available community supports for Black communities. The objective of these activities will be to help reduce the COVID-19 related health inequities.

The Black Physicians' Association of Ontario (BPAO) has a mandate to address racialized health disparities affecting Black communities in Ontario and the inequitable representation of Black people in the field of medicine. The BPAO has established a Black Health Vaccine Initiative to address Black health inequities related to COVID-19 and advance Black-led community education related to the COVID-19 vaccine.

Black Opportunity Fund (BOF) Healthcare Task Force. The BOF has a mandate to address anti-Black racism by offering sustainable funding to organizations across Canada. The BOF Healthcare Task Force consists of Black health-care providers, researchers and community activists across the country and seeks to support Black-led organizations that address the inequities in health and health-care access in Black communities.

The BlackNorth Initiative (BNI) Health Committee. The BNI's mission is to end anti-Black systemic racism throughout all aspects of our lives by utilizing a business-first mindset. The BNI Health Committee was created to remove barriers to opportunities for Black people and dismantle anti-Black systemic racism. It will establish an action-oriented mandate, a set of key performance indicators and clearly defined deliverables to achieve its goal.

APPENDIX 3: LIST OF CANADIAN BLACK HEALTH ORGANIZATIONS THAT SUPPORT THIS STATEMENT

Signed in solidarity with Black health organizations and Black medical organizations across Canada.

Black Physicians of Canada
Parkdale Queen West Community Health Centre
Wharton Medical Clinic
Women's Health Alliance
Black Physiotherapists Association (BPTA)
Black Physicians of the Health Association of African Canadians
Carea Community Health Centres
Vibrant Healthcare Alliance
Canadian Association of Nigerian Physicians and Dentists
Black Creek Community Health Centre
Black Physicians of British Columbia
Quebec Black Medical Association / Association Médicale des Personnes de Race Noire du Québec
Black Physicians of British Columbia
TAIBU Community Health Centre
Black Scientists' Taskforce on Vaccine Equity
Black Physicians' Association of Alberta
Network for the Advancement of Black Communities

ACKNOWLEDGEMENTS

Student contributors:

Jordyn Gibson & Lucina Rakotovao

APPENDIX 4: ADDITIONAL READINGS

Health Equity Reports & Recommendations by Black Health Organizations in 2020:

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